

therefore more eligible, for deferment than were the medical students!

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Rôle of the Medical Schools.—What has been stated concerning medical students applies with equal force to key-men who are on the faculties of approved medical schools, and who may be in the selective age period, or be members of the Reserve Corps. The present standards of medical education, obtained after so many years of travail, must not be lowered; nor is there any necessity, even in the present emergency, that such a detrimental course be followed. The high quality of scientific medicine and medical service must be maintained, and the number of graduates and interns, for the reasons previously indicated, must not be decreased.

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Subject Should Be Understood and Visualized by All Citizens.—The subject is one of paramount importance to the nation, because of the ultimate relationships of this problem to adequate medical care of the military forces, to citizens in the "essential industries," and to the American people. Members of the profession are justified in calling to the attention of local board members the reasons why deferments should be granted to students in approved medical schools, to interns in accredited hospitals, and to key-men on the faculties of schools of medicine.

AMERICAN MEDICAL ASSOCIATION ON TRIAL

The "Case of the United States of America vs. The American Medical Association, a corporation, the Medical Society of the District of Columbia, the Harris County Medical Society" [a component county unit of the State Medical Association of Texas], and others, came on for trial at Washington, D. C., on February 5, in the court of Associate Justice James M. Proctor. Reference is made thereto because of the extensive publicity that has been given to the case in the public press, from the time the charges were originally made through Assistant Attorney General Thurman Arnold, that the defendants were violating the Sherman Antitrust Act of 1890.

A report of the court proceedings in the case now on trial began in the *Journal of the American Medical Association* for February 15. The issue of that week devoted 28 pages to the report, and in the number for February 22, the transcript starts on page 714 and continues to page 770.

The length of these reports should not deter members from at least scanning the statements and evidence presented, and of determining for themselves the merits involved. Of necessity, testimony in a case such as this will take wide ramifications, as may be noted, for instance, on page 719 of the February 22 issue, where appears the testimony of Dr. Hugh Cabot of Boston concerning a privately owned clinic that has been operating in California. Or again, on page 728 of the same issue, where may

be found the comments by Doctor Cabot concerning the connotations of paupers, indigents, and medical-indigents. As already stated, a perusal, or at least a cursory inspection of the trial reports will be worthy of some of the leisure time of practically all physicians. Much informative data will appear in these reports that should be thought-stimulating.

Other State Association and Component County Society News.—Additional news concerning the activities and work of the California Medical Association and its component county medical societies is printed in this issue, commencing on page 131.

EDITORIAL COMMENT†

ADULT DIPHTHERIA IN SAN FRANCISCO*

Between 1917-1937 the proportion of adults with diphtheria averaged 15.9 per cent of the total cases, with very little statistical change from year to year. In this period of time, there was recorded a total of 3,344 cases with 335 deaths. Of this number of cases, 533 were in adults with 28 deaths. In 1937, an increase in cases of diphtheria in adults was noted. In this year, 12 cases in adults, or 35.3 per cent, of a total of 34 cases were admitted; in 1938, there were 17 cases, or 58.6 per cent, of a total of 29 cases; in 1939, 26 cases, or 57.7 per cent, of a total of 45 cases; and in 1940, 14 cases, or 48.2 per cent, of a total of 29 cases. For the period 1937 to 1940 inclusive, there were 137 cases, of which the adult cases were 69. Fifty-four of these 69 were males, and 15 were females. Many of the male adults were classified as itinerant laborers and residents of low-priced rooming houses, or were found living under substandard conditions.

In the group of sixty-nine adult cases for the period of 1937 to 1940 inclusive, there were twelve deaths, or 17.4 per cent. Of these twelve adult deaths, seven were chronic alcoholics; two had complications of cerebrospinal syphilis; two had marked avitaminosis, and one had chronic myocarditis. The duration of diphtheria in this group of adult deaths was four to twenty-one days before treatment. The ages recorded were from 27 to 59 years. In no adult case was there any history of previous immunization against diphtheria.

Discussion.—There appears to be a remarkable shift in recent years in the age incidence of diphtheria cases treated in the Isolation Division of the San Francisco Hospital. The increase in diphtheria in adults offers diagnostic difficulties and clinical problems because of complicating conditions. The admission centers of general hospi-

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

* From the Isolation Division of the San Francisco Hospital.